

BENEFIT CATEGORY	*CONCORDIAFLEX FEE FOR SERVICE DENTAL PLAN
Deductibles	\$50/Person; Maximum - \$150 Family
Diagnostic and Preventive Services	
Dental Examinations	90%; 2 in a calendar year
Oral Prophylaxis (teeth cleaning)	90%; 2 in a calendar year
Fluoride Application (to any age)	90%
Oral hygiene counseling	Not Covered
Nutritional counseling	Not Covered
Full Mouth X-rays	90%; once in any 36 consecutive months
Bitewing X-rays	90%; 2 in a calendar year
Sealants (to age 15; posterior teeth)	Not Covered
Restorative Services (under local anesthesia)	
Basic Restorative Services (silver and tooth-colored fillings)	90%
Single unconnected inlays, onlays, and crowns	90%
Oral Surgery (under local anesthesia)	90%
Simple Extractions	90%
Most Other Oral Surgery	
Endodontics (under local anesthesia)	
Root Canal Treatment	90%
Apicoectomy	90%
Periodontics – Gum Treatment (under local anesthesia)	Maximum: \$1000/person/lifetime
Non-Surgical	90%
Surgical	90%
Fixed Prosthetics	
Fixed Bridgework, including abutment inlays, onlays, crowns and pontics Replacement	90%
Repairs to Fixed Bridges	75% if at least 5 years since initial installation date; subject to contract limitations 90%
Removable Prosthetics	
Full or Partial Dentures Replacement	90%
Relining or Rebased	75% if at least 5 years since initial installation date; subject to limitations
Repairs to Removable Prosthetics	90%
Orthodontics (to any age but must be initiated while coverage is effective)	60% \$500/person/course of treatment
Out-of-Area Emergency Services	Covered
CONTRACT YEAR MAXIMUM	\$1,000 per person
Maximum applies to	All services

*Plan pays based on United Concordia's Maximum Allowable Charges (MAC). Participating dental providers in the [Advantage Plus dental provider network](#) accept the MAC as payment in full less any member deductibles and coinsurance.